

# Provider Insider

Alabama Medicaid Bulletin

September 2002

The checkwrite schedule is as follows:

09/06/02 09/13/02 10/04/02 10/18/02 11/08/02 11/22/02

As always, the release of direct deposits and checks depends on the availability of funds.

## Medicaid Issues New Policy Change for Filing Limit Guidelines

The Alabama Medicaid Agency has submitted an Administrative Code change to Rule 560-X-1-.17. This proposed rule change has an October 1, 2002 effective date.

The above-mentioned rule is being amended to formalize agency policy regarding filing limit guidelines for claims paid originally within the one-year filing limit and subsequently recouped. Claims that are recouped and are over one year old may still be processed if received within 120 days of the recoupment date. The rule change also incorporates existing policy that a provider is not entitled to further administrative review or a fair hearing where a claim processed under this rule is denied due to a provider error on the claim. This rule change does NOT apply to PHP claims.

Where a claim has been paid by Medicaid and is subsequently recouped, a resubmitted clean Paper claim may still be processed if received by EDS within 120 days of the recoupment. The recoupment date must be reflected on the face of the claim and a copy of Medicaid's EOP showing the recouped claim and the recoupment date must be attached to the claim.

- For UB-92 claims indicate in form locator 84: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.
- For HCFA-1500 claims indicate in block 19: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.
- Dental Claims indicate in the remarks section: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.

Mail your claim with attachment to EDS for processing using the address normally used for paper claims.



### In This Issue...

Medicaid Issues New Policy Change for Filing Limit Guidelines .....	1
Inappropriate Billing of Dental Emergency Exam Codes .....	2
Dental Task Force Add Consent Amendment to the Alabama Provider Manual .....	2
Stainless Steel Crown Charting and Documentation Requirements .....	2
ImmPRINT Status Report .....	3
Alabama Medicaid is not Responsible for Maddie's Big Fix .....	3

Important Mailing Addresses .....	3
Time Limit for EPSDT Referrals .....	4
EDS Offers Additional Location Enrollment .....	4
Medicaid Discovers Inappropriate Billing Practices for Eye Care Providers ..	4
Clarification of Policy for Billing Injectable Drugs .....	4
Alabama Medicaid: In The Know .....	5
EDS Provider Representatives .....	6
Alabama Medicaid and HIPAA: What is Being Accomplished? .....	7
State Fiscal Year Checkwrite Schedule ...	8

### Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other \_\_\_\_\_

## ***Inappropriate Billing of Dental Emergency Exam Codes***

A claims review of emergency oral exams D0140 has revealed some providers are billing this code inappropriately and frequently. This code will be limited to **one** per recipient per provider/provider group per year with documentation of the specific emergency in the record.

The re-evaluation exam code D0170 will no longer be a covered service as of August 1, 2002. If you have any questions, please call the Alabama Medicaid Agency's Dental Program at 1-334-242-5997.



## ***Dental Task Force Adds Consent Amendment to the Alabama Provider Manual***

On May 31, 2002 the Dental Task Force voted to add the following statement to Chapter 13 of the Alabama Medicaid Provider Manual:

"Informed consent shall be documented in the record for all patients for whom comprehensive treatment is to be provided. This informed consent shall include: all diagnoses, an explanation of any treatment therapies, reasonable alternative therapies, their risks, and prognosis.

All informed consents shall be signed by the patient or parent (guardian). If a blanket informed consent form is used, a note that such a form was reviewed should be made in the progress notes.

Consistent violation of the informed consent requirement can result in further investigation and appropriate action."

## **DENTAL WORKSHOP NOTICE**

Please make plans to attend one of the four Dental Workshops this fall. Based on your comments, we have planned these for four consecutive Fridays beginning September 20. Be sure to mark your calendar for one of the following dates at the location nearest you. Reminder notices with specific details will be provided at a later date.

Sept 20	Montgomery	Alabama Center for Commerce
Sept 27	Mobile	Springhill Baptist Church
Oct 4	Birmingham	Sheraton BJCC
Oct 11	Huntsville	UAH (location to be announced)

## ***Stainless Steel Crown Charting and Documentation Requirements***

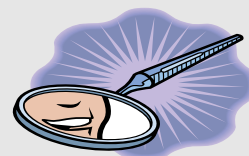
The Alabama Medicaid Agency working with the Dental Task Force is providing this information to dentists concerning recommended practice guidelines for placement of stainless steel crowns.

Medicaid is required by CMS (formerly HCFA) to do periodic reviews of participating providers and services to Medicaid recipients in order to monitor for possible misuse or abuse. Practice guidelines and the Alabama Medicaid Administrative Code are used in reviewing charts and services performed, services provided inconsistent with the Administrative Code and guidelines are subject to recoupment. Medicaid is providing this information in an effort to minimize the risk of recoupment.

Alabama Medicaid also is initiating this educational effort in order to pursue our commitment to increase the stainless steel crown code reimbursement rates which remain below 100% of the BC/BS rates as a result of previous reviews conducted demonstrating provision of services inconsistent with these recommended practice guidelines. These guidelines have been adapted from the Journal of the American Academy of Pediatric Dentistry, Reference Manual 2000-01, Volume 22, Number 7.

The following are indications for placement of stainless steel crowns (prefabricated crown forms) for fitting on individual teeth:

1. For the restoration of primary and permanent teeth with caries, cervical decalcification, and/or developmental defects (hypoplasia / hypocalcification)
2. When the failure of other restorative materials is likely with interproximal caries extending beyond line angles
3. Following pulpotomy or pulpectomy
4. For restoring a primary tooth being used as an abutment for a space maintainer
5. For restoring fractured teeth when the tooth can not be restored with other restorative materials.



## **Alabama Medicaid is Not Responsible for Maddie's Big Fix**

**M**addie's Big Fix for Alabama is a two-year program that began July 2001 to spay/neuter dogs and cats belonging to Alabama's low-income residents. The program sprang from the work of the Alabama Humane Federation and is administered by the Alabama Veterinary Medical Association. The Alabama Humane Federation and the Alabama Veterinary Medical Association chose Alabama residents who are eligible for Medicaid as their eligibility group.

Maddie's Big Fix is funded through a grant from Maddie's Fund in Alameda, California. There has been some misunderstanding among Medicaid providers that Medicaid may be paying for this program. We would like to clarify that this program is in no way funded by the Alabama Medicaid Agency.

## **Visit Alabama Medicaid ONLINE**



**[www.medicaid.state.al.us](http://www.medicaid.state.al.us)**

### **Providers can :**

- ◆ **Print Forms and Enrollment Applications**
- ◆ **Download Helpful Software**
- ◆ **Receive Current Medicaid Press Releases and Bulletins**
- ◆ **Receive Billing and Provider Manuals and Other General Information about Medicaid**

## **ImmPRINT Status Report**

**T**he Immunization Division, Alabama Department of Public Health, is building a statewide database for vaccine administration history called "Immunization Provider Registry with Internet Technology" (ImmPRINT). ImmPRINT is collecting vaccine information data from many sources including, Alabama Medicaid Agency fee claims, Blue Cross/Blue Shield fee claims, State of Alabama Clinical Laboratories, Alabama Health Statistics, and all county health departments.



ImmPRINT is being tested before all Alabama vaccine providers can access the system. There are a few data quality issues that must be addressed before the final roll out of ImmPRINT can begin. We need to ensure all providers are filing claims correctly, because it directly effects the data quality. Please ask your billing staff to ensure that:

- \* The date of service is the date the immunization is given
- \* They are using only the current CPT codes and that CPT codes match the vaccination given
- \* All doses given are according to AAP and ACIP recommendations

ImmPRINT will have edits to avoid duplication, but we must make sure the billing is done as accurately as possible to stop current and future data problems. For more information about ImmPRINT, please call the Immunization Division at 1-800-469-4599.

### **Important Mailing Addresses**

Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

## ***Time Limit for EPSDT Referrals***

**EPSDT** referrals are valid for only **one year from the date of the EPSDT screening**. Therefore the maximum time an EPSDT referral is valid is 12 months from the date of the well child check-up (EPSDT screening). The EPSDT screening date must be current to be valid. The EPSDT screening date may not be backdated or future dated. The date of the EPSDT screening should be documented under "Type of Referral" on form 362, the Alabama Medicaid Agency Referral Form. The EPSDT screening date documented on the Referral Form is the date used to determine the length of time an **EPSDT referral is valid** (regardless of a Patient 1<sup>st</sup> referral). The "Length of Referral" is used to determine the amount of time the referral is valid from the referral date and is inclusive of all types of referrals (e.g., Patient 1<sup>st</sup> referral, EPSDT referral, Targeted Case Management, etc).

Please ensure well child check-ups are performed according to the periodicity schedule and appropriate referrals are made when medically necessary. For additional information, please refer to Appendix A of your Provider Manual.

## ***EDS Offers Additional Location Enrollment***

**EDS'** Provider Enrollment Unit now has an Additional Location Enrollment Application (ALEA) to offer to existing Alabama Medicaid providers. The ALEA contains only two pages. One page includes guidelines for using the form. A second page to indicate the provider's information. To obtain a copy of the ALEA, please contact EDS' Provider Enrollment Unit at, 1-888-223-3630. This application is also available on the WEB.

To be eligible to use the ALEA, you must meet the criteria listed below:

- Be an individual provider who is enrolling additional locations, with additional locations meaning the new location must be associated to the same group/payee and tax information as the number previously enrolled.
- The previously enrolled provider number, must still be an active provider number.
- Facility/Institutional and individual providers enrolling as participants in special programs, such as Children's Specialty Clinics (CRS/Sparks), Federally Qualified Health Centers (FQHC), and Rural Health Clinics (PBRHC or IRHC) are not eligible to use this enrollment packet.

**NOTE:** In order to enroll additional locations in the Managed Care/ Patient 1<sup>st</sup> Program, please call 1-888-223-3630, to request the Patient 1<sup>st</sup> enrollment forms. In order for additional locations to be enrolled in programs such as EPSDT and/or Plan First, the previously enrolled provider number, which is required on the ALEA form must be enrolled in such programs. If you are not currently an EPSDT or Plan First provider, but wish to participate in such programs at the additional location, please call 1-888-223-3630, to request the EPSDT and/or Plan First enrollment forms.

### **REMINDER**

If you are using a version of the regular provider enrollment packet, that is dated before July 2002, you should obtain an updated version. The July 2002 version includes some revamped forms and notations to assist providers in completing the packet.

## ***Medicaid Discovers Inappropriate Billing Practices for Eye Care Providers***

Only providers who **furnish the eyeglasses**, i.e., frames and/or lenses for Medicaid recipients **should bill for these services**. Recently, multiple claims and medical record reviews revealed some eye care providers are billing for frames and/or lenses supplied from another source. Since this type of billing could be considered fraudulent, please ensure your billing staff is aware of appropriate billing practices.

Eyeglass providers furnishing frames and/or lenses shall bill the price of the frames/lenses listed in the Eye Care Services (Chapter 15), of the July 2002 update of your Provider Manual. Do not bill your usual and customary price when filing claims for eyeglass frames. If you have not received your July 2002 Provider Manual update, please refer to the price listed in Provider Notice 02-09.

Benefit limits related to eye care services, including frames and lenses, are established every two calendar years for recipients 21 years of age or older. Therefore, it is imperative Eye Care Providers furnishing services to recipients 21 years of age and older, verify benefit limits for the current year and the past year to determine if the eye care benefit limits have been exhausted. Providers who do not verify benefit limits for two calendar years (last year and current year) for recipients 21 years of age and older risk a denial of reimbursement for those services.

## ***Clarification of Policy for Billing Injectable Drugs***

Please refer to Appendix H in the Alabama Medicaid Provider Manual to determine the number of units to bill for injectable drugs when filing claims for physicians. The dosage is inherent in the HCPCS code description and will assist in determining the number of units to file. The number of units should be rounded up when a dose is in fractions.



# Alabama Medicaid

## *In The Know*

### Medicaid to Implement Automated Call Center

In an effort to more efficiently respond to inquiries from recipients and providers the Medicaid Agency will implement an automated menu Call Center System in September 2002. The call center can be accessed by calling toll free 1-800-362-1504, Monday – Friday between the hours of 8 am and 5 pm. The menu commands will be available in both English and Spanish. Callers will have the option to respond to commands by using the keypad on their touch-tone phone or by speaking key words (voice recognition). Callers must identify the type of call by pressing 1 for a Medicaid provider or by pressing 2 for a recipient or if the caller has general questions about Medicaid. Recipients will be notified about the Call Center via a recipient notice that will be mailed in September.

#### **RECIPIENT CALLER OPTIONS:**

This system allows recipient callers to perform the following actions:

- \* Change Patient 1st providers
- \* Request a replacement card
- \* Request a ride to a doctor or other medical appointment
- \* Check if a claim (bill) has been paid
- \* Check coverage and the type of services that are covered

This option allows callers to listen to information about the types of covered services based on their type of eligibility coverage and co-pay information.

- \* General Information on Eligibility

This option will allow callers to be connected to any of the 10 Medicaid District Offices located throughout the state to talk with their caseworker and/or check the status of a recently submitted nursing home, QMB, or other Medicare related application, and listen to information about Medicaid Programs and where to apply.

- \* Request an Application to apply for Medicaid (Voice Mail Box Only)

The following applications may be requested by leaving your name, Social Security Number, and the address where the application is to be mailed: Nursing Home, QMB or other Medicare related application, SOBRA pregnant woman or child, Plan First, or Breast & Cervical Cancer (NOTE: This option is available 24 hours a day.).

- \* Report suspected Medicaid Fraud

Only report complaints of fraud or abuse that deal directly with Alabama Medicaid.

- \* Listen to information regarding frequently asked questions (NOTE: This option is available 24 hours a day.).

This option contains answers to some of the most frequently asked questions regarding Alabama Medicaid.

#### **PROVIDER CALLER OPTIONS:**

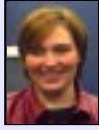
This system allows provider callers to perform the following actions:

- \* Check on Medicaid policies, procedures, and/or administrative reviews for Long Term Care services
- \* Check on Medicaid's policies and procedures, and/or administrative reviews for all other programs
- \* Report Medicaid fraud  
Only report complaints of fraud or abuse that deal directly with Alabama Medicaid.
- \* For all other inquiries, please hang up and call 1-800-688-7989 (EDS)



## EDS Provider Representatives

### G R O U P 1



**stephanie.westhoff**

@alxix.slg.eds.com  
334-215-4113

#### North: Stephanie Westhoff and Tasha Perkins

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston



**tasha.perkins**

@alxix.slg.eds.com  
334-215-4159



**elaine.bruce**

@alxix.slg.eds.com  
334-215-4155

#### South: Elaine Bruce and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox



**denise.shepherd**

@alxix.slg.eds.com  
334-215-4132

Nurse Practitioners

Podiatrists

Chiropractors

Independent Labs

Free Standing Radiology

CRNA

EPSDT (Physicians)

Dental

Physicians

Optometric (Optometrists and Opticians)

### G R O U P 2



**valerie.mckinney**

@alxix.slg.eds.com  
334-215-4142



**laquita.wright**

@alxix.slg.eds.com  
334-215-4199

Rehabilitation Services

Home Bound Waiver

Therapy Services (OT, PT, ST)

Children's Specialty Clinics

Prenatal Clinics

Maternity Care

Hearing Services

Mental Health/Mental Retardation

MR/DD Waiver

Public Health

Elderly and Disabled Waiver

Home and Community Based Services

EPSDT

Family Planning

Prenatal

Preventive Education

Ambulance

FQHC

Nurse Midwives

Rural Health Clinic

Commission on Aging

DME

### G R O U P 3



**ann.miller**

@alxix.slg.eds.com  
334-215-4156



**ranae.payne**

@alxix.slg.eds.com  
334-215-4130



**shermeria.hardy**

@alxix.slg.eds.com  
334-215-4160

Ambulatory Surgical Centers

ESWL

Home Health

Hospice

Hospital

Nursing Home

Personal Care Services

PEC

Private Duty Nursing

Renal Dialysis Facilities

Swing Bed

## ***Alabama Medicaid and HIPAA: What Is Being Accomplished?***

The Health Insurance Portability and Accountability Act (HIPAA, or Public Law 104-191) was passed by Congress in 1996 with the intent of enhancing our health care system. Implementing standard business and system formats allows for reduced healthcare cost, by offering improved efficiency in healthcare delivery and protection of confidentiality through enforcement of these standards. More specifically, HIPAA will accomplish the following:

- Guarantee health insurance coverage of employees
- Standardization of electronic patient health, administrative and financial data
- Unique health identifiers for individuals, employers, health plans and health care providers
- Security standards protecting the confidentiality and integrity of "individually identifiable health information" past, present and future
- Reduce health care fraud and abuse

The Administrative Simplification provision is composed of four parts, each of which have generated a variety of rules and standards. Final and pending rules address transactions and code set standards, privacy and security standards to protect health information, and establish national provider and employer identifiers. The four parts of Administrative Simplification are:

- 1) **Electronic Health Transaction Standards** - Standards for eight electronic transactions and for code sets. Must be in compliance with this component by Oct. 16, 2003.
- 2) **Unique Identifiers** - Proposes a standard for a National Health Care Provider Identifier, National Employer Identifier and a National Health Plan Identifier. This component is currently in development with an expected release date of 2002. The National Individual Identifier has been placed on hold due to citizen concerns.
- 3) **Security and Electronic Signature Standards** - Proposes standards for the security of individual health information and electronic signature used by covered entities. This rule is expected to be released in the fall of 2002.
- 4) **Privacy and Confidentiality Standards** - Standards to protect the privacy of individual health information. You must be in compliance with this component by April 14, 2003.

## **REMINDER**

The website address for the  
Excluded Individuals/Entities (LEIE) is:

**<http://oig.hhs.gov/fraud/.exclusions.htm>**

## ***HIPAA Links***

### ***www.hcfa.gov***

Center for Medicare and Medicaid Services (CMS) - Federal agency that administers the Medicare, Medicaid and Child Health Insurance programs.

### ***www.mhccm.org***

Medicaid HIPAA Compliance Concept Model - Demonstrates how HIPAA affects the Medicaid Enterprise and provides practical tools to help determine the best course of action based on circumstance.

### ***www.wedi.org***

Workgroup for Electronic Data Interchange (WEDI) - industry task force created to streamline health care through standardized electronic formats and implementations.

### ***www.ncvhs.hhs.gov***

National Committee on Vital and Health Statistics (NCVHS) - public advisory body to the Secretary of Health and Human Services (DHHS) in the area of health data and statistics.

### ***www.ncdpd.org***

National Council for Prescription Drug Programs (NCPDP) - standards development organization responsible for developing retail pharmacy standards.

### ***www.disa.org***

Data Interchange Standards Association (DISA) - supports the Accredited Standards Committee (ASC) X12 organization. ASC X12 is responsible for developing many of the transaction and code set standards can be accessed through DISA.



### **State Fiscal Year 2002-2003 Checkwrite Schedule**

10/04/02	01/03/03	04/11/03	07/11/03
10/18/02	01/17/03	04/25/03	07/25/03
11/08/02	02/07/03	05/09/03	08/08/03
11/22/02	02/21/03	05/23/03	08/22/03
12/06/02	03/07/03	06/06/03	09/05/03
12/13/02	03/21/03	06/20/03	09/12/03

**Alabama**  
**Medicaid**  
**Bulletin**



Post Office Box 244035  
Montgomery, AL 36124-4035

PRSR STD  
U.S. POSTAGE  
PAID  
PERMIT # 77  
MONTGOMERY AL